

MDR Tracking Number: M5-04-0812-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on November 14, 2003.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$460.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The prolonged evaluation, foot insert, office visit, myofascial exercises, joint mobilization, therapeutic exercises, manipulation, and each additional hour were found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This findings and decision is hereby issued this 26th day of January 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 11/15/02 through 01/15/03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 26th day of January 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division
PR/pr

January 22, 2004

Rosalinda Lopez
Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Amended Decision
Corrected TWCC# and Dates of Service

Re: MDR #: M5-04-0812-01
IRO Certificate No.: IRO 5055

___ has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is certified in Chiropractic Medicine.

Clinical History:

The patient was injured on ___ when he fell approximately 5-6 feet and landed on his back. The patient states that he passed out for 30 seconds. The patient developed an immediate pain in his low back and ribs.

The patient was evaluated with x-rays of chest and right-sided ribs on 10/14/02, bone scan on 10/17/02, CT scan of the brain and separate CT scan of the abdomen on 10/18/02, MRI of the lumbar spine on 11/27/02, and an EMG was performed on 12/16/02. MRI and EMG studies revealed a mild disc desiccation and mild broad-based bulging of L4-L5 and L5-S1, as well as possible L5 radiculopathy. Conservative multi-disciplinary care was begun.

Disputed Services:

Prolonged evaluation, foot insert, office visit, myofascial exercises, joint mobilization, therapeutic exercises, manipulation, and each additional hour for dates of service of 11/15/02 through 01/15/03.

Decision:

The reviewer disagrees with the determination of the insurance carrier and is of the opinion that the treatment and services in dispute as stated above were medically necessary in this case.

Rationale:

Spinal instability is a classic sign for the need for orthotics and was noted in these tests. As per guidelines for the fitting of said orthotics, counseling and evaluation is necessary to ensure proper fit of foot inserts. Also, continuous evaluations are necessary to ensure patient is receiving desired results with orthotics. Initial evaluation revealed significant objective findings, which warranted chiropractic care and therapy. Over the course of treatment, appropriate diagnostic testing was performed, which revealed significant documented problems. Improvement was documented, which further justified the treatment plan.

National treatment guidelines allow for chiropractic care and passive and active therapy to be utilized to treat injuries of this nature. Appropriate referrals were made, which assisted in the patient's recovery and denied treatment that was rendered from 11/15/02 to 1/15/03 was, in fact, reasonable, usual, customary, and medically necessary for treatment of this patient's injury. There is sufficient documentation on each date of service to justify the treatment that was rendered.

I am the Secretary and General Counsel of ____ and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Sincerely,